

Part 67—Medical Standards and Certification

This change incorporates Amendment 67–15, Medical Standards and Certification, adopted September 1, 1994. This amendment revises §§ 67.13, 67.15, 67.17, 67.25, and 67.29.

Bold brackets enclose the most recently changed or added material in these particular sections. The amendment number and effective date of new material appear in bold brackets at the end of each affected section.

Page Control Chart

Remove Pages	Dated	Insert Pages	Dated
P–45	—	P–45 through P–48	Ch. 1
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Suggest filing this transmittal at the beginning of the FAR. It will provide a method for determining that all changes have been received as listed in the current edition of AC 00–44, Status of Federal Aviation Regulations, and a check for determining if the FAR contains the proper pages.

carrier having an airplane with 61 or more seats.

The FAA has determined that the rule will not have a significant economic impact, positive or negative, on a substantial number of small entities. The basis of this determination is the FAA's opinion that any adverse economic consequences associated with the loss of the privilege to operate an aircraft for aviation pilots convicted of alcohol- or drug-related motor vehicle offenses or penalized as a result of state administrative action for cause is the direct consequence of alcohol or drug use in connection with the operation of a motor vehicle and not as a result of the rule. Since there are minimal economic consequences due to the rule, the total costs that could be attributable to a significant number of small entities are below the threshold dollar limits.

Trade Impact Statement

This final rule will affect only those individuals who hold an FAA-issued airman certificate and, therefore, would have no impact on trade opportunities for U.S. firms doing business overseas or foreign firms doing business in the United States.

Federalism Implications

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this regulation would not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

Conclusion

For the reasons discussed in the preamble, and based on the findings in the Regulatory Flexibility Determination and the International Trade Impact Analysis, the FAA has determined that this regulation is not a major regulation under the criteria of Executive Order 12291. In addition, the FAA certifies that this regulation will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. This regulation is considered significant under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979). A regulatory evaluation of the regulation, including a Regulatory Flexibility Determination and International Trade Impact Analysis, has been placed in the docket. A copy may be obtained by contacting the person identified under "FOR FURTHER INFORMATION CONTACT."

The Amendments

In consideration of the foregoing, the Federal Aviation Administration amends part 61 and part 67 of the Federal Aviation Regulations (14 CFR parts 61 and 67) effective November 29, 1990.

The authority citation for part 67 is revised to read as follows:

Authority: 49 U.S.C. App. 1354(a), 1355, 1421, and 1427; 49 U.S.C. 106(g) (Revised Pub. L. 97-449, January 12, 1983).

under the general medical conditions standards. In a recent decision by the U.S. Court of Appeals for the Seventh Circuit, however, the court found that the general medical condition standards cannot be interpreted to provide a basis for disqualification due to medication alone. This emergency final rule is, therefore, necessary to restate the general medical condition standards for an individual whose medication or other treatment makes or is expected to make that individual unable to safely perform the duties or exercise the privileges of an airman certificate.

DATES: Effective September 9, 1994. Comments must be received by November 7, 1994.

ADDRESSES: Comments on this rule should be mailed or delivered, in triplicate, to: Federal Aviation Administration, Office of the Chief Counsel, Attention: Rules Docket (AGC-200), Docket No. 27890, 800 Independence Avenue, SW., Washington, DC 20591. Comments mailed or delivered must be marked Docket No. 27890. Comments may be examined in room 915G weekdays, except on Federal holidays, between 8:30 a.m. and 5 pm.

FOR FURTHER INFORMATION CONTACT: Dennis P. McEachen, Manager, Aeromedical Standards and Substance Abuse Branch (AAM-210), Office of Aviation Medicine, Federal Aviation Administration, 800 Independence Avenue, SW., Washington, DC 20591; telephone (202) 493-4075; telefax (202) 267-5399.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested persons are invited to comment on this final rule by submitting such written data, views, or arguments as they may desire. Comments relating to the environmental, energy, federalism, or economic impact that might result from adopting this amendment are also invited. Substantive comments should be accompanied by cost estimates. Comments must identify the regulatory docket number and should be submitted in triplicate to the Rules Docket address specified above. All comments received on or before the specified closing date for comments will be considered by the Administrator. This rule may be amended in consideration of comments received.

Background

Part 67 of Title 14 of the Code of Federal Regulations (14 CFR part 67) details the standards for the three classes of airman medical certificates. A first-class medical certificate is required to exercise the privileges of an airline transport pilot certificate, while second- and third-class medical certificates are required to exercise the privileges of commercial and private pilot certificates, respectively. An applicant who is found to meet the appropriate medical standards, based on medical examination and evaluation of the applicant's history and condition, is entitled to a medical certificate without restrictions other than the limit of its duration prescribed in the regulations.

Paragraph (f)(2) of §§ 67.13, 67.15, and 67.17 is the standard for determining an applicant's eligibility for first-, second-, and third-class medical certification based on general medical conditions. Specifically, under paragraph (f)(2), an applicant is ineligible for unrestricted medical certification if he or she has an organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon finds: (1) makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate the applicant holds or for which the applicant is applying or (2) may reasonably be expected within 2 years of the Federal Air Surgeon's finding to make the applicant unable to safely perform those duties or exercise those privileges. The Federal Air Surgeon's finding must be based on the applicant's case history and appropriate, qualified, medical judgment relating to the condition involved.

certificate held or applied for, posing a hazard to the applicant and to public safety.

Other medications have potential adverse effects that can occur with unpredictable frequency, duration, or severity. These adverse effects can be numerous and can include such conditions as cardiac arrhythmia, hypotension, over-sedation, and akathisia. Each of these effects may be inconsistent with aviation safety. In addition, some forms of treatment (e.g., surgery, radiation therapy, chemotherapy, and hemodialysis) have adverse effects that can interfere with an airman's ability to safely perform the duties or exercise the privileges of an airman certificate. The Federal Air Surgeon considers relevant factors on a case-by-case basis, including potential adverse effects, to determine whether the medication or other treatment received by an airman is inconsistent with medical certification.

Notwithstanding the FAA's longstanding medical certification policy and practice under paragraph (f)(2) regarding medication and other treatment, the U.S. Court of Appeals for the Seventh Circuit recently determined that paragraph (f)(2) does not provide a basis for denial of medical certification based on medication alone. *Bullwinkel v. Fed. Aviation Admin.*, No. 93-1803 (7th Cir., Apr. 27, 1994), *reh'g denied*. 1994 U.S. App. LEXIS 15779 (June 23, 1994). The *Bullwinkel* case involved the use of lithium. The focus of the Seventh Circuit's decision was not on the safety concerns that lithium use poses; instead, the court centered its attention on interpreting the specific language of the regulation. Although the court's decision concerned the airman's use of a medication, its rationale could apply to other forms of treatment as well.

The FAA disagrees with the Seventh Circuit's narrow reading of paragraph (f)(2) in the *Bullwinkel* case. However, regardless of the merits of the respective positions on how to interpret paragraph (f)(2), the Seventh Circuit's decision raises serious safety concerns that require the immediate adoption of an amendment that expressly states the FAA's authority to disqualify an individual who holds or is applying for an airman medical certificate in cases where medication or other treatment may interfere with that individual's ability to safely perform airman duties.

This final rule amends paragraph (f) of §§ 67.13, 67.15, and 67.17 by adding new paragraph (f)(3). New paragraph (f)(3) sets out the standard for certification where medication or other treatment is involved. Paragraph (f)(3) makes ineligible for unrestricted medical certification any applicant whose medication or other treatment the Federal Air Surgeon finds makes, or may reasonably be expected to make within 2 years after the finding, that applicant unable to safely perform the duties or exercise the privileges of an airman certificate. This final rule does not change the FAA's current and longstanding application of the certification standards. Rather its sole purpose is to expressly state the agency's practice in light of the *Bullwinkel* decision.

Also, for continuation of the current administration of medical certification procedures, reference to this emergency final rule is added by revising § 67.25, Delegation of authority, and § 67.27, Denial of medical certificate.

Good Cause Justification for Immediate Adoption

This amendment is being adopted without notice and a prior public comment period because delay in adoption could have a significant adverse effect on aviation safety, and because the amendment effects no change in well established agency application of the medical certification standards.

Therefore, the FAA finds that: (1) an emergency situation exists requiring the immediate adoption of this amendment; (2) the publication of a notice of proposed rulemaking with its opportunity for public comment is impracticable; and, (3) good cause exists for amendment in less than 30 days.

Paperwork Reduction Act

In accordance with the Paperwork Reduction Act of 1980 (Pub. L. 96-511), there are no requirements for information collection associated with this rule.

The rule would have little or no impact on trade for both U.S. firms doing business in foreign countries and foreign firms doing business in the United States.

Federalism Implications

The rule adopted herein will not have substantial direct effects on the states, on the relationship between the Federal government and the states, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12866, it is determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

International Civil Aviation Organization (ICAO) and Joint Aviation Regulations

In keeping with U.S. obligations under the Convention on International Civil Aviation, it is FAA policy to comply with ICAO Standards and Recommended Practices to the maximum extent practicable. The FAA has determined that this rule does not conflict with any international agreement of the United States.

Conclusion

The FAA has determined that this final rule is an emergency rule that must be issued immediately to correct an unsafe condition. Based on the findings in the Regulatory Flexibility Determination and the International Trade Impact Analysis, the FAA has determined that this final rule will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. This final rule is not considered significant under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979).

The Amendment

In consideration of the foregoing, the FAA amends part 67 of Title 14 of the Code of Federal Regulations effective September 9, 1994.

The authority citation for part 67 continues to read as follows:

Authority: 49 U.S.C. app. 1354, 1355, 1421, 1422, and 1427; 49 U.S.C. 106(g).

§ 67.1 Applicability.

This subpart prescribes the medical standards for issuing medical certificates for airmen.

§ 67.3 Access to the National Driver Register.

At the time of application for a certificate issued under this part, each person who applies for a medical certificate shall execute an express consent form authorizing the Administrator to request the chief driver licensing official of any state designated by the Administrator to transmit information contained in the National Driver Register about the person to the Administrator. The Administrator shall make information received from the National Driver Register, if any, available on request to the person for review and written comment.

(Amdt. 67-14, Eff. 11/29/90)

§ 67.11 Issue.

Except as provided in § 67.12, an applicant who meets the medical standards prescribed in this part, based on medical examination and evaluation of his history and condition, is entitled to an appropriate medical certificate.

(Amdt. 67-12, Eff. 10/18/82)

§ 67.12 Certification of foreign airmen.

A person who is neither a United States citizen nor a resident alien is issued a certificate under this part, outside the United States, only when the Administrator finds that the certificate is needed for operation of a U.S.-registered civil aircraft.

(Amdt. 67-12, Eff. 10/18/82)

§ 67.13 First-class medical certificate.

(a) To be eligible for a first-class medical certificate, an applicant must meet the requirements of paragraphs (b) through (f) of this section.

better in each eye separately, without correction; or of at least 20/100 in each eye separately corrected to 20/20 or better with corrective lenses (glasses or contact lenses) in which case the applicant may be qualified only on the condition that he wears those corrective lenses while exercising the privileges of his airman certificate.

(2) Near vision of at least $v=1.00$ at 18 inches with each eye separately, with or without corrective glasses.

(3) Normal color vision.

(4) Normal fields of vision.

(5) No acute or chronic pathological condition of either eye or adenexae that might interfere with its proper function, might progress to that degree, or might be aggravated by flying.

(6) Bifoveal fixation and vergencephoria relationship sufficient to prevent a break in fusion under conditions that may reasonably occur in performing airman duties.

Tests for the factors named in paragraph (b)(6) of this section are not required except for applicants found to have more than one prism diopter of hyperphoria, six prism diopters of esophoria, or six prism diopters of exophoria. If these values are exceeded, the Federal Air Surgeon may require the applicant to be examined by a qualified eye specialist to determine if there is bifoveal fixation and adequate vergencephoria relationship. However, if the applicant is otherwise qualified, he is entitled to a medical certificate pending the results of the examination.

(c) Ear, nose, throat, and equilibrium:

(1) Ability to—

(i) Hear the whispered voice at a distance of at least 20 feet with each ear separately; or

(ii) Demonstrate a hearing acuity of at least 50 percent of normal in each ear throughout the effective speech and radio range as shown by a standard audiometer.

(2) No acute or chronic disease of the middle or internal ear.

(a) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

(b) A psychosis.

(c) Alcoholism, unless there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from alcohol for not less than the preceding 2 years. As used in this section, *alcoholism* means a condition in which a person's intake of alcohol is great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning.

(d) *Drug dependence*. As used in this section, *drug dependence* means a condition in which a person is addicted to or dependent on drugs other than alcohol, tobacco, or ordinary caffeine-containing beverages, as evidenced by habitual use or a clear sense of need for the drug.

(ii) No other personality disorder, neurosis, or mental condition that the Federal Air Surgeon finds—

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(b) May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges; and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

(2) *Neurologic*. (i) No established medical history or clinical diagnosis of either of the following:

(a) Epilepsy.

(b) A disturbance of consciousness without satisfactory medical explanation of the cause.

(ii) No other convulsive disorder, disturbance of consciousness, or neurologic condition that the Federal Air Surgeon finds—

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(i) Angina pectoris, or

(iii) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant.

(2) If the applicant has passed his thirty-fifth birthday but not his fortieth, he must, on the first examination after his thirty-fifth birthday, show an absence of myocardial infarction on electrocardiographic examination.

(3) If the applicant has passed his fortieth birthday, he must annually show an absence of myocardial infarction on electrocardiographic examination.

(4) Unless the adjusted maximum readings apply, the applicant's reclining blood pressure may not be more than the maximum reading for his age group in the following table:

Age group	Maximum readings (reclining blood pressure in mm)	Diastolic	Adjusted maximum readings (reclining blood pressure in mm) ¹	
	Systolic		Systolic	Diastolic
20-29 ...	140	88
30-39 ...	145	92	155	98
40-49 ...	155	96	165	100
50 and over ..	160	98	170	100

¹For an applicant at least 30 years of age whose reclining blood pressure is more than the maximum reading for his age group and whose cardiac and kidney conditions, after complete cardiovascular examination, are found to be normal.

(5) If the applicant is at least 40 years of age, he must show a degree of circulatory efficiency that is compatible with the safe operation of aircraft at high altitudes.

An electrocardiogram, made according to acceptable standards and techniques within the 90 days before an examination for a first-class certificate, is accepted at the time of the physical examination as meeting the requirements of paragraphs (e)(2) and (3) of this section.

(f) *General medical condition*:

when he is applying; or

(ii) May reasonably be expected, within two years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified medical judgment relating to the condition involved.

[(3) No medication or other treatment that the Federal Air Surgeon finds—

(i) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that the applicant holds or for which the applicant is applying; or

(ii) May reasonably be expected, within 2 years after the finding, to make the applicant unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the medication or other treatment involved.】

(g) An applicant who does not meet the provisions of paragraphs (b) through (f) of this section may apply for the discretionary issuance of a certificate under § 67.19.

(Amdt. 67-3, Eff. 11/23/65); (Amdt. 67-9, Eff. 4/26/72); (Amdt. 67-10, Eff. 12/21/76); (Amdt. 67-11, Eff. 5/17/82); [(Amdt. 67-15, Eff. 9/9/94)]

§ 67.15 Second-class medical certificate.

(a) To be eligible for a second-class medical certificate, an applicant must meet the requirements of paragraphs (b) through (f) of this section.

(b) Eye:

(1) Distant visual acuity of 20/20 or better in each eye separately, without correction; or of at least 20/100 in each eye separately corrected to 20/20 or better with corrective lenses (glasses or contact lenses), in which case the applicant may be qualified only on the condition that he wears those corrective lenses while exercising the privileges of his airman certificate.

performing airman duties.

Tests for the factors named in paragraph (b)(6) of this section are not required except for applicants found to have more than one prism diopter of hyperphoria, six prism diopters of esophoria, or six prism diopters of exophoria. If these values are exceeded, the Federal Air Surgeon may require the applicant to be examined by a qualified eye specialist to determine if there is bifoveal fixation and adequate vergencephoria relationship. However, if the applicant is otherwise qualified, he is entitled to a medical certificate pending the results of the examination.

(c) Ear, nose, throat, and equilibrium:

(1) Ability to hear the whispered voice at 8 feet with each ear separately.

(2) No acute or chronic disease of the middle or internal ear.

(3) No disease of the mastoid.

(4) No unhealed (unclosed) perforation of the eardrum.

(5) No disease or malformation of the nose or throat that might interfere with or be aggravated by, flying.

(6) No disturbance in equilibrium.

(d) *Mental and neurologic*—(1) *Mental*. (i) No established medical history or clinical diagnosis of any of the following:

(a) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

(b) A psychosis.

(c) Alcoholism, unless there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from alcohol for not less than the preceding 2 years. As used in this section, *alcoholism* means a condition in which a person's intake of alcohol is great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning.

(d) *Drug dependence*. As used in this section, *drug dependence* means a condition in which a person is addicted to or dependent on drugs other than alcohol, tobacco, or ordinary caffeine-contain-

after the finding, to make him unable to perform those duties or exercise those privileges; and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

(2) *Neurologic.* (i) No established medical history or clinical diagnosis of either of the following:

(a) Epilepsy.

(b) A disturbance of consciousness without satisfactory medical explanation of the cause.

(ii) No other convulsive disorder, disturbance of consciousness, or neurologic condition that the Federal Air Surgeon finds—

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(b) May reasonably be expected, within two years after the finding, to make him unable to perform those duties or exercise those privileges; and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

(e) *Cardiovascular.* (1) No established medical history or clinical diagnosis of—

(i) Myocardial infarction;

(ii) Angina pectoris; or

(iii) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant.

(f) *General medical condition:*

(1) No established medical history or clinical diagnosis of diabetes mellitus that requires insulin or any other hypoglycemic drug for control.

(2) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon finds—

(i) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(ii) May reasonably be expected, within two years after the finding to make him unable

or for which the applicant is applying; or

(ii) May reasonably be expected, within 2 years after the finding, to make the applicant unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the medication or other treatment involved.】

(g) An applicant who does not meet the provisions of paragraphs (b) through (f) of this section may apply for the discretionary issuance of a certificate under § 67.19.

(Amdt. 67-2, Eff. 10/21/65); (Amdt. 67-3, Eff. 11/23/65); (Amdt. 67-9, Eff. 4/26/72); (Amdt. 67-10, Eff. 12/21/76); (Amdt. 67-11, Eff. 5/17/82); [(Amdt. 67-15, Eff. 9/9/94)]

§ 67.17 Third-class medical certificate.

(a) To be eligible for a third-class medical certificate, an applicant must meet the requirements of paragraphs (b) through (f) of this section.

(b) Eye:

(1) Distant visual acuity of 20/50 or better in each eye separately, without correction; or if the vision in either or both eyes is poorer than 20/50 and is corrected to 20/30 or better in each eye with corrective lenses (glasses or contact lenses), the applicant may be qualified on the condition that he wears those corrective lenses while exercising the privileges of his airman certificate.

(2) No serious pathology of the eye.

(3) Ability to distinguish aviation signal red, aviation signal green, and white.

(c) Ears, nose, throat, and equilibrium:

(1) Ability to hear the whispered voice at 3 feet.

(2) No acute or chronic disease of the internal ear.

(3) No disease or malformation of the nose or throat that might interfere with, or be aggravated by, flying.

(4) No disturbance in equilibrium.

from alcohol for not less than the preceding 2 years. As used in this section, *alcoholism* means a condition in which a person's intake of alcohol is great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning.

(d) *Drug dependence*. As used in this section, *drug dependence* means a condition in which a person is addicted to or dependent on drugs other than alcohol, tobacco, or ordinary caffeine-containing beverages, as evidenced by habitual use or a clear sense of need for the drug.

(ii) No other personality disorder, neurosis, or mental condition that the Federal Air Surgeon finds—

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(b) May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges; and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

(2) *Neurologic*. (i) No established medical history or clinical diagnosis of either of the following:

(a) Epilepsy.

(b) A disturbance of consciousness without satisfactory medical explanation of the cause.

(ii) No other convulsive disorder, disturbance of consciousness, or neurologic condition that the Federal Air Surgeon finds—

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(b) May reasonably be expected, within 2 years after the finding, to make him unable to perform those duties or exercise those privileges; and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

or any other hypoglycemic drug for control;

(2) No other organic, functional or structural disease, defect, or limitation that the Federal Air Surgeon finds—

(i) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(ii) May reasonably be expected, within two years after the finding, to make him unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the condition involved.

[(3) No medication or other treatment that the Federal Air Surgeon finds—

(i) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that the applicant holds or for which the applicant is applying; or

(ii) May reasonably be expected, within 2 years after the finding, to make the applicant unable to perform those duties or exercise those privileges;

and the findings are based on the case history and appropriate, qualified, medical judgment relating to the medication or other treatment involved.】

(g) An applicant who does not meet the provisions of paragraphs (b) through (f) of this section may apply for the discretionary issuance of a certificate under § 67.19.

(Amdt. 67-9, Eff. 4/26/72); (Amdt. 67-10, Eff. 12/21/76); (Amdt. 67-11, Eff. 5/17/82); [(Amdt. 67-15, Eff. 9/9/94)]

§ 67.19 Special issue of medical certificates.

(a) At the discretion of the Federal Air Surgeon, a medical certificate may be issued to an applicant who does not meet the applicable provisions of §§ 67.13, 67.15, or § 67.17 if the applicant shows to the satisfaction of the Federal Air Surgeon that the duties authorized by the class of medical certifi-

failure to meet more than one requirement of this part; and

(2) The prognosis derived from professional consideration of all available information regarding the airman.

(c) In determining whether the special issuance of a third-class medical certificate should be made to an applicant, the Federal Air Surgeon considers the freedom of an airman, exercising the privileges of a private pilot certificate, to accept reasonable risks to his or her person and property that are not acceptable in the exercise of commercial or airline transport privileges, and, at the same time, considers the need to protect the public safety of persons and property in other aircraft and on the ground.

(d) In issuing a medical certificate under this section, the Federal Air Surgeon may do any or all of the following:

(1) Limit the duration of the certificate.

(2) Condition the continued effect of the certificate on the results of subsequent medical tests, examinations, or evaluations.

(3) Impose any operational limitation on the certificate needed for safety.

(4) Condition the continued effect of a second- or third-class medical certificate on compliance with a statement of functional limitations issued to the applicant in coordination with the Director, Flight Standards Service or the Director's designee.

Aeromedical Certification Branch, Civil Aeromedical Institute, and each Regional Flight Surgeon.

(Amdt. 67-2, Eff. 10/21/65); (Amdt. 67-4, Eff. 3/31/66); (Amdt. 67-6, Eff. 6/22/68); (Amdt. 67-9, Eff. 4/26/72); (Amdt. 67-11, Eff. 5/17/82); (Amdt. 67-13, 10/25/89)

§ 67.20 Applications, certificates, logbooks, reports, and records: Falsification, reproduction, or alteration.

(a) No person may make or cause to be made—

(1) Any fraudulent or intentionally false statement on any application for a medical certificate under this part;

(2) Any fraudulent or intentionally false entry in any logbook, record, or report that is required to be kept, made, or used, to show compliance with any requirement for any medical certificate under this part;

(3) Any reproduction, for fraudulent purpose, of any medical certificate under this part;

(4) Any alteration of any medical certificate under this part.

(b) The commission by any person of an act prohibited under paragraph (a) of this section is a basis for suspending or revoking any airman, ground instructor, or medical certificate or rating held by that person.

(Amdt. 67-1, Eff. 3/20/65)

This subpart prescribes the general procedures that apply to the issue of medical certificates for airmen.

§ 67.23 Medical examinations: Who may give.

(a) *First class.* Any aviation medical examiner who is specifically designated for the purpose may give the examination for the first class certificate. Any interested person may obtain a list of these aviation medical examiners, in any area, from the FAA Regional Administrator of the region in which the areas is located.

(b) *Second class and third class.* Any aviation medical examiner may give the examination for the second or third class certificate. Any interested person may obtain a list of aviation medical examiners, in any area, from the FAA Regional Administrator of the region in which the area is located.

(Amdt. 67-8, Eff. 9/4/70); (Amdt. 67-13, Eff. 10/25/89)

§ 67.25 Delegation of authority.

(a) The authority of the Administrator, under section 602 of the Federal Aviation Act of 1958 (49 U.S.C. 1422), to issue or deny medical certificates is delegated to the Federal Air Surgeon, to the extent necessary to—

(1) Examine applicants for and holders of medical certificates for compliance with applicable medical standards; and

(2) Issue, renew, or deny medical certificates to applicants and holders based upon compliance or noncompliance with applicable medical standards.

Subject to limitations in this chapter, the authority delegated in paragraphs (a)(1) and (2) of this section is also delegated to aviation medical examiners and to authorized representatives of the Federal Air Surgeon within the FAA.

(b) [The authority of the Administrator, under subsection 314(b) of the Federal Aviation Act of 1958 (49 U.S.C. 1355(b)), to reconsider the action of an aviation medical examiner is delegated to

Certification Division, and each Regional Flight Surgeon. Where the applicant does not meet the standards of § 67.13(d)(1)(ii), (d)(2)(ii), (f)(2), or (f)(3), § 67.15(d)(1)(ii), (d)(2)(ii), (f)(2), or (f)(3), or § 67.17(d)(1)(ii), (d)(2)(ii), (f)(2), or (f)(3), any action taken under this paragraph other than by the Federal Air Surgeon is subject to reconsideration by the Federal Air Surgeon.] A certificate issued by an aviation medical examiner is considered to be affirmed as issued unless an FAA official named in this paragraph on his own initiative reverses that issuance within 60 days after the date of issuance. However, if within 60 days after the date of issuance that official requests the certificate holder to submit additional medical information, he may on his own initiative reverse the issuance within 60 days after he receives the requested information.

(c) The authority of the Administrator, under section 609 of the Federal Aviation Act of 1958 (49 U.S.C. 1429), to re-examine any civil airman, to the extent necessary to determine an airman's qualification to continue to hold an airman medical certificate, is delegated to the Federal Air Surgeon and his authorized representatives within the FAA.

(Amdt. 67-5, Eff. 7/16/66); (Amdt. 67-7, Eff. 2/8/69); (Amdt. 67-9, Eff. 4/26/72); (Amdt. 67-11, Eff. 5/17/82); (Amdt. 67-13, Eff. 10/25/89); [(Amdt. 67-15, Eff. 9/9/94)]

§ 67.27 Denial of medical certificate.

(a) Any person who is denied a medical certificate by an aviation medical examiner may, within 30 days after the date of the denial, apply in writing and in duplicate to the Federal Air Surgeon, Attention: Manager, Aeromedical Certification Division, Federal Aviation Administration, Post Office Box 25082, Oklahoma City, OK 73125, for reconsideration of that denial. If he does not apply for reconsideration during the 30-day period after the date of the denial, he is considered to have withdrawn his application for a medical certificate.

(b) The denial of a medical certificate—

(1) By an aviation medical examiner is not a denial by the Administrator under section 602

§ 67.15(d)(1)(ii), (d)(2)(ii), (f)(2), or (f)(3), or § 67.17(d)(1)(ii), (d)(2)(ii), (f)(2), or (f)(3).]

(c) Any action taken under § 67.25(b) that wholly or partly reverses the issue of a medical certificate by an aviation medical examiner is the denial of a medical certificate under paragraph (b) of this section.

(d) If the issue of a medical certificate is wholly or partly reversed upon reconsideration by the Federal Air Surgeon, the Manager, Aeromedical Certification Division, AAM-300, or a Regional Flight Surgeon, the person holding that certificate shall surrender it, upon request of the FAA.

(Amdt. 67-5, Eff. 7/16/66); (Amdt. 67-9, Eff. 4/26/72); (Amdt. 67-11, Eff. 5/17/82); (Amdt. 67-13, Eff. 10/25/89); [(Amdt. 67-15, Eff. 9/9/94)]

§ 67.29 Medical certificates by senior flight surgeons of armed forces.

(a) The FAA has designated senior flight surgeons of the armed forces on specified military posts, stations, and facilities, as aviation medical examiners.

(b) An aviation medical examiner described in paragraph (a) of this section may give physical examinations to applicants for FAA medical certifi-

eral of the armed force concerned or from the Manager, Aeromedical Certification Division, AAM-300, Department of Transportation, Federal Aviation Administration, Civil Aeromedical Institute, Post Office Box 25082, Oklahoma City, OK 73125.

(Amdt. 67-8, Eff. 9/4/70); (Amdt. 67-13, Eff. 10/25/89)

§ 67.31 Medical records.

Whenever the Administrator finds that additional medical information or history is necessary to determine whether an applicant for or the holder of a medical certificate meets the medical standards for it, he requests that person to furnish that information or authorize any clinic, hospital, doctor, or other person to release to the Administrator any available information or records concerning that history. If the applicant, or holder, refuses to provide the requested medical information or history or to authorize the release so requested, the Administrator may suspend, modify, or revoke any medical certificate that he holds or may, in the case of an applicant, refuse to issue a medical certificate to him.

(Amdt. 67-5, Eff. 7/16/66)

